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2016

OMB No 1545-0052

## **Return of Private Foundation**

Department of the Treasury

Form 990-PF

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-20	016 , aı	nd er	nding 12-31-	2016	
		undation MUSEUM FOUNDATION				entification numbe	r
					31-1550078		
		d street (or P O box number if mail is not delivered to street address; STREET NW	) Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
					(202) 496-2020	1	
		n, state or province, country, and ZIP or foreign postal code ON, DC 200365912			<b>C</b> If exemption	application is pendin	g, check here
<b>G</b> Cl	neck al	Il that apply $\qed$ Initial return $\qed$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 📘 🗍
		Final return Amended return				ganizations meeting k here and attach co	
		Address change			_	ındatıon status was t	· -
	•					n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust  Other taxable			-		
of	year <i>(f</i>	ket value of all assets at end from Part II, col (c),  ◆\$ 688,891  J Accounting method  □ Other (specify) (Part I, column (d) must	Cash Accru	ıal		ition is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and		l		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
-	1	Contributions, gifts, grants, etc , received (attach schedule)	119,593				
	2	Check ► ☐ If the foundation is <b>not</b> required to attach					
	_	Sch B					
	3	Interest on savings and temporary cash investments	4		4	4	
	4   5a	Dividends and interest from securities					
	b	Net rental income or (loss)					
e	6a	Net gain or (loss) from sale of assets not on line 10	1				
Revenue	ь	Gross sales price for all assets on line 6a					
	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold	]				
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	249,978		0	249,978	
	12	Total. Add lines 1 through 11	369,575		4	249,982	
	13	Compensation of officers, directors, trustees, etc	С		0	0	0
_	14	Other employee salaries and wages					
ses	15 16a	Pension plans, employee benefits					
en G	l .		15,206		0	10,036	5,170
and Administrative Expenses	b c	Other professional fees (attach schedule)	13,200	1		10,030	3,170
Ve		Interest					
rati	17 18						
JI St	19	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion	2,073		0	0	
Ē	20	Occupancy	2,075				
Ad	21	Travel, conferences, and meetings					
pue	22	Printing and publications					
	23	Other expenses (attach schedule)	214,268	1	0	160,319	53,949
Operating	24	Total operating and administrative expenses.					
ber		Add lines 13 through 23	231,547	·	0	170,355	59,119
0	25	Contributions, gifts, grants paid	7,500	)			7,500
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	239,047		0	170,355	66,619
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	130,528	3			
	ь	Net investment income (if negative, enter -0-)			4		
	c	Adjusted net income(If negative, enter -0-)				79,627	
For	Paper	work Reduction Act Notice, see instructions.	1	' (	Cat No 11289>	( For	m <b>990-PF</b> (2016)

13,728

531,312

11,001

11,001

550,562

550.562

561,563

561,563

11,655

688,891

7,801

7,801

681,090

681.090

688,891

2

3

4

5

6

550,562

130,528

681,090

681,090

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0

0

643,229

11,655

643,229

688,891

disqualified persons (attach schedule) (see instructions) . . . . . Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Foundations that follow SFAS 117, check here ▶ □

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Capital stock, trust principal, or current funds . . . . . . . . .

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) ▶ \_\_\_\_

Inventories for sale or use . . . . .

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule)

Investments—other (attach schedule) . . . . . . .

Less accumulated depreciation (attach schedule) ▶ 11,774

Total assets (to be completed by all filers—see the

	5
	6
	7
sts	8
Assets	9
As	10a
	Ь
	С
	11

12

13

14

15

16

17

18

19

20 21

22

23

24

25

26

28

29 Net 30

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27

b C

instructions

Form 990-PF (2016)	Page <b>7</b>
Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly P and Contractors (continued)	aid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	r "NONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	er of Expenses
1 THE FOUNDATION OPERATED A MUSEUM OF VISUAL, AUDIO AND DECORATIVE ARTS	58,090
THE FOUNDATION MAINTAINED ITS WORKS OF ART OCCASIONAL LEASES OF ARTWORK FURTHER THE FOUNDATION'S EXEMPT PURPOSE THROUGH EDUCATING OTHERS BY MAKING ARTWORK AVAILABLE TO SHARE ITHE COMMUNITY	IN 1,362
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All others are made to discontinuous to Consideration	
All other program-related investments See instructions  3	
Total. Add lines 1 through 3	0
	Form <b>990-PF</b> (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

66.619

66.619

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Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

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Page 9

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t	XI	Ī	į	1	

Par

9	0-PF	(	20	1	6	)	
1	VIII	1			ī	ī	

**b** Total for prior years

a From 2011. . . . .

**b** From 2012. . . . . c From 2013. . .

d From 2014. . . . .

e From 2015. . . . .

XII, line 4 🕨 \$

indicated below:

0-PF (2	016)		
XIII	Undistributed Income	(see instructions)	

1 Distributable amount for 2016 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. . . . . .

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. . . . . . . .

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

(If an amount appears in column (d), the

line 4b from line 2b . . . . . . . . . .

income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

**b** Excess from 2013. .

same amount must be shown in column (a) )

37,493 72,184

24 402

21.117

72.184 24,402

21.117

(a)

Corpus

155.196

0

155,196

37.493

117,703

(b)

Years prior to 2015

(c)

2015

**d** Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016 6 Enter the net total of each column as a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract c Enter the amount of prior years' undistributed

nter gross amounts unless otherwise indicated		Unrelated b	usiness income	Excluded by section	(e) Related or exempt	
l Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
-	EUM ADMISSIONS		7	2/(3/(3/(3/(3/(3/(3/(3/(3/(3/(3/(3/(3/(3/	,	244,253
	LEASE INCOME					5,725
						-,
	and contracts from government agencies					
	rship dues and assessments					
Intere	st on savings and temporary cash ments					4
Divider	ds and interest from securities tal income or (loss) from real estate					
a Debt-	financed property					
	ebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income					
Gain d	or (loss) from sales of assets other than					
	ome or (loss) from special events					
Gross (	profit or (loss) from sales of inventory					
L Other i	evenue a					
с						
е						
			0		1	249 982
2 Subtot	al Add columns (b), (d), and (e).		0		3	
2 Subtot 3 <b>Total.</b> ee works	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio				3	249,982 249,982
Subtot Total. ee works	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	 ns )		1		
Subtot Total. ee works art XV	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns )  e Accomplisi  ncome is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	3uted importantly to	249,982
Subtot. Total. ee works Part XV ine No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculation.  Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions )	ns )  e Accomplision income is report empt purposes	nment of Exempled in column (e) of (other than by prov	pt Purposes Part XVI-A contribu	ated importantly to purposes) (See	249,982
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10	m 990-PF (2016)		Pa	ge <b>13</b>
	Part XVII  Information Regarding Transfers To and Transactions and Relationships With Noncha Exempt Organizations	ritable		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section $50(c)$ of the Code (other than section $501(c)(3)$ organizations) or in section $527$ , relating to political organizations?	ı	Yes	No
а	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
C	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	Yes	
d	If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair marke of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market vain any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received			
(a	Line No (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and s	narıng arra	ngemen	ts

<b>c</b> Sharing	of facilities, equipment, i	mailing lists, other	assets, or paid employees	S		1c	Yes	
					should always show the fair market v			
					on received less than fair market valu ther assets, or services received	е		
III ally	transaction or snaring arra	angement, snow in	column (d) the value of t	ine goods, o	ther assets, or services received			
(a) Line No	(b) Amount involved	(c) Name of nonch	arıtable exempt organization	( <b>d</b> ) Des	scription of transfers, transactions, and sha	rıng arraı	ngement	ts
1c	(	H H LEONARDS A	SSOCIATES	DISPLAY SI	PACE PROVIDED AT NO COST			
		<u> </u>						
	oundation directly or indir	•	•		·	<b>-</b>		
describ	ed in section 501(c) of the	e Code (other than	section $501(c)(3)$ ) or in s	ection 527?		<b>⊻</b> Yes	∐ и	0
<b>b</b> If "Yes,	" complete the following s							
	(a) Name of organizati	on	(b) Type of organiz	ation	(c) Description of relation	onship		
H H LEONA	RDS ASSOCIATES		501(C)(7)		COMMON CONTROL			
					<u> </u>			
			ſ		I .			

(a) Line	No	(b) Amount involved				empt organization		( <b>d)</b> Desc	ription of	transfers, transaction	s, and sha	rıng arrar	ngements
1c		C	H H LEONAF	RDS AS	SOCIATE	S	DISP	LAY SP	ACE PRO	VIDED AT NO COS	ST		
	_												
2a Is th	e found	dation directly or indir	ectly affiliate	d with	or relate	ed to one or ma	ore tax	-exemi	ot organ	izations			
		n section 501(c) of the							_			<b>✓</b> Yes	□No
		mplete the following s		i tilali .	section 5	01(0)(3)) 01 111	Section	327				_ 163	L 110
וו ע	es, co	(a) Name of organizati		ĺ		<b>b)</b> Type of organi	ization			(c) Description	on of relati	onshin	
H H LEO	NARDS	ASSOCIATES	U11		501(C)(7		Zacion		СОММО	N CONTROL	on or relaci	опоттр	
						,							
		r penalties of perjury,											
		knowledge and belie		orrect,	and com	plete Declarat	ion of p	prepare	r (other	than taxpayer) is	based on	all infor	mation of
Sign		n preparer has any kno	owledge			ı							
Here	*	****				2017-11-02		_ \ **	****				s this return shown below
	S	ignature of officer or t	rustee			Date		Tit	le	_		· —	es 🗆 No
		- I		1						I	(555 11155	<del>, — :</del>	
		Print/Type preparer's	s name	Prepa	arer's Sigi	nature	D	ate		Check if self-	PTIN		
										_		P01420	105
		DOUGLAS A DOW	LING							employed ▶ 📙			
Paid													
Prepa		Firm's name ▶ CIT	RIN COOPERI	MAN &	COMPAN'	Y LLP					F	TN 5 22	2420065
Use (	Only										FIRM S E	:IN ►22-	-2428965
		Firm's address ► 2	BETHESDA N	1ETRO	CENTER :	11TH FLOOR							
		BETHESDA, MD 20814							Phone r	o (301)	) 654-9000		

		n section 501(c) of the Code (other complete the following schedule (a) Name of organization	er than		01(c)(3)) or i <b>b)</b> Type of orga		27?	 1		☑ Yes ☐ No
H H LEC	NARDS	S ASSOCIATES		501(C)(7	)			соммо	N CONTROL	
Sign Here	of m which	er penalties of perjury, I declare the y knowledge and belief, it is true, n preparer has any knowledge				ation of pro				based on all information of  May the IRS discuss this return
	<b>  ▶</b> −	ignature of officer or trustee			<u>I</u> Date		Title			with the preparer shown below (see instr )?
Paid Preparer Use Only		Print/Type preparer's name  DOUGLAS A DOWLING	Prep	arer's Sigi	nature	Dat	Date		Check if self- employed ▶ □	PTIN P01420105
		Firm's name ▶ CITRIN COOPER	RMAN &	. COMPAN	Y LLP	'			•	Firm's EIN ▶22-2428965
		Firm's address ▶ 2 BETHESDA METRO CENTER 11TH FLOOR  BETHESDA, MD 20814							Phone no (301) 654-9000	
										Form <b>990-PF</b> (2016)

## 5)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation TRACEY HALLIDAY DIRECTOR 0 50 2020 O STREET NW WASHINGTON, DC 200365912

SUZY LOCKE-COHEN	DIRECTOR	0	0	0
2020 O STREET NW WASHINGTON, DC 200365912	0 50			
TED SPERO	DIRECTOR	0	0	0
2020 O STREET NIM	0 50			

7 STEIN	TDEASUDED		0	n
2020 O STREET NW WASHINGTON, DC 200365912	0 50			
TED SPERO	DIRECTOR	0	0	0
2020 O STREET NW WASHINGTON, DC 200365912				

		=	_	<del>-</del> 1
2020 O STREET NW WASHINGTON, DC 200365912	0 50			
Z STEIN	TREASURER	0	0	0
2020 O STREET NW WASHINGTON, DC 200365912	0 50			

	Z STEIN	TREASURER	0	0	0
	2020 O STREET NW WASHINGTON, DC 200365912	0 50			
l	H H LEONARDS	DIRECTOR MANAGER	0	0	0

2020 O STREET NW WASHINGTON, DC 200365912	0 50			
H H LEONARDS	DIRECTOR MANAGER	0	0	

WASHINGTON, DC 200365912				
H H LEONARDS	DIRECTOR MANAGER	0	0	
2020 O STREET NW	5 00			

H H LEONARDS	DIRECTOR MANAGER	0	0	0
2020 O STREET NW	5 00			
WASHINGTON, DC 200365912				

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491307006177					
TY 2016 Accounting Fe	ees Schedule				
J					
Name: O STREET MUSEUM FOUNDATION EIN: 31-1550078					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES	15,206	0	10,036	5,170	

## TY 2016 Depreciation Schedule

Name: O STREET MUSEUM FOUNDATION

ine: O STREET

<b>EIN:</b> 31-1550078									
Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE EQUIPMENT	1999-12-31	3,000	3,000	200DB	7 000000000000	0	0	0	
BLDG IMPROVEMENTS	1999-12-31	10,542	4,320	SL	39 000000000000	270	0	0	
SOUND SYSTEM	2014-12-15	4,200	1,806	200DB	5 000000000000	958	0	0	
IMPROVEMENT (RAND)	2014-02-10	2,500	120	SL	39 000000000000	64	0	0	
COMPUTER	2015-06-25	3,187	455	200DB	7 00000000000	781	0	0	

DLN: 93491307006177

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TY 2016 Land, Etc.		

Name: O STREET MUSEUM FOUNDATION

**Schedule** 

<b>EIN:</b> 31-1550078					
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value	
OFFICE EQUIPMENT	3,000	3,000	0		
BLDG IMPROVEMENTS	10,542	4,590	5,952		
SOUND SYSTEM	4,200	2,764	1,436		
IMPROVEMENT (RAND)	2,500	184	2,316		
COMPUTER	3,187	1,236	1,951		

efile GRAPHIC print - DO NOT PROCESS	Pata - DLN: 93491307006177
TY 2016 Loans from Officers Schedule	
Name: O STREE	T MUSEUM FOUNDATION
<b>EIN:</b> 31-1550	078
Item No.	1
Lender's Name	2020 O STREET CORPORATION
Lender's Title	
Original Amount of Loan	1000
Balance Due	5000
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	0.0000000000
Security Provided by Borrower	
Purpose of Loan	WORKING CAPITAL FOR EXEMPT PURPOSE
Description of Lender Consideration	CASH ADVANCE - BEARING NO INTEREST

5000

**Consideration FMV** 

Item No.	2
Lender's Name	H H LEONARDS ASSOCIATES
Lender's Title	
Original Amount of Loan	6001
Balance Due	2801
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	0.00000000000
Security Provided by Borrower	
Purpose of Loan	WORKING CAPITAL FOR EXEMPT PURPOSE
Description of Lender Consideration	CASH ADVANCE - BEARING NO INTEREST
Consideration FMV	2801

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As Filed Data -

Name: O STREET MUSEUM FOUNDATION

OTHER ASSETS

Other Assets Schedule

OTHER ASSETS - DONATED

**EIN:** 31-1550078

Description Beginning of Year -

End of Year - Book End of Year - Fair

DLN: 93491307006177

Book Value	Value	Market Value
164,386	222,503	222,503
366,926	420,726	420,726

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TY 2016 Other Expenses Schedule				
Name:	Name: O STREET MUSEUM FOUNDATION			
EIN:	<b>EIN:</b> 31-1550078			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	27,171	0	17,933	9,238

2,995

7,351

7,452

17,847

36,050

1,698

113,704

0

0

0

0

0

0

0

1,977

4,852

4,918

17,847

36,050

1,698

75,044

1,018

2,499

2,534

0

0

0

38,660

**EQUIPMENT LEASE** 

**EVENT HOSTING FEES** 

ART DISPLAY COSTS

FRAMING COSTS

PROMOTION

BANK AND CREDIT CARD FEES

OTHER ADMINISTRATIVE COSTS & SUPPLIES

244,253

5,725

Name: O STREET MUSEUM FOUNDATION

**EIN:** 31-1550078

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MUSEUM ADMISSIONS

ART LEASE INCOME

Other Income Schedule				
Description	Revenue And Expenses Per Books	Net Investment Income		

**Adjusted Net Income** 

DLN: 93491307006177

244,253

5,725

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TY 2016 Substantial Contributors Schedule			
Schedule			
Name:	O STREET MUSEUM FOUNDATION		
EIN:	31-1550078		
Name		Address	
KRISTINA AND WILLIAM CATTO FOUNDATI		4938 HAMPDEN LANE BETHESDA, MD 20814	
JENSEN COMMUNICATIONS INC		101 EAST GREEN STREET SUITE 12 PASADENA, CA 91105	
CASTELLINI FOUNDATION GRANT FUND		312 ELM STREET CINCINNATI, OH 45215	
THERESA SHAHEEN		9509 PURCEL DRIVE SAN ANTONIO, TX 78253	

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Schedule B (Form 990, 990-EZ,	ochedule of contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its inst <u>www.irs.gov/form990</u>		2016		
Name of the organizat O STREET MUSEUM FOU		Employer id	dentification number		
		31-1550078			
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation			
	☐ 527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	ration filing Form 990, 990-EZ, or 990-PF that received, during the year, cont or property) from any one contributor. Complete Parts I and II. See instruction				
Special Rules					
under sections received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-E, ny one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5 ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	Z), Part II, line 13,	16a, or 16b, and that		
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that total contributions of more than \$1,000 exclusively for religious, charitable, so the prevention of cruelty to children or animals. Complete Parts I, II, and III				
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that contributions exclusively for religious, charitable, etc., purposes, but no such ecked, enter here the total contributions that were received during the year for the total contributions to the general Rule applies to this organizate able, etc., contributions totaling \$5,000 or more during the year	n contributions tota or an <i>exclusively</i> re tion because it rec	aled more than \$1,000 eligious, charitable, etc ,		
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not tit <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on Form 990PF, Part I, line 2, to certify that it does not meet the filing requirement	line H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9		chedule B (Form 990	), 990-EZ, or 990-PF) (2016)		

Name of organization Employer identification number O STREET MUSEUM FOUNDATION 31-1550078 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 ANONYMOUS Person **Payroll** 2020 O STREET NW \$ 12,000 Noncash WASHINGTON, DC200365912 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Total contributions Type of contribution Name, address, and ZIP + 4 KRISTINA AND WILLIAM CATTO FOUNDATION Person **Payroll** 4938 HAMPDEN LANE \$ 15,000 Noncash BETHESDA, MD 20814 (Complete Part II for noncash contributions) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution MORRIS FAMILY FOUNDATION Person Payroll 3060 PEACHTREE ROAD \$10,000 Noncash ATLANTA, GA 30305 (Complete Part II for noncash contributions) (a) (b) (c) (d) Type of contribution No. **Total contributions** Name, address, and ZIP + 4 JENSEN COMMUNICATIONS INC Person Payroll 101 EAST GREEN STREET SUITE 12 \$ 23,725 Noncash PASADENA, CA91105 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution CASTELLINI FOUNDATION GRANT FUND Person Payroll 312 ELM STREET \$5,000 Noncash CINCINNATI, 0H45215 (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person THERESA SHAHEEN **Payroll** 9509 PURCELL DRIVE \$11,200 Noncash SAN ANTONIO, TX 78253 (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organiz		Employer identi	ification number
		31-15	50078
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOUR UPRIGHT STANDING JAPANESE DOLLS	\$ 12 000	2016-07-01
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	LIMITED EDITION PRINTS	\$ 23 725	2016-07-01
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	COLLECTION OF FULLBRIGHT COMICS	\$ 11 200	2016-07-01
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
			990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)